

GREEN CERTIFICATE STUDENT FILE CHECKLIST

NAME OF STUDENT: _____

GREEN CERTIFICATE SPECIALIZATION: _____

GRADE: _____

PLACEMENT: _____

TRAINER: _____

PHONE: _____

ACTIVITY	DATE(S) ASSIGNED (If applicable)	DATE(S) COMPLETED	COMMENT
Career Transition Prerequisite(s)			
Application			
Student/Parent/Trainer Induction			
Parent/Guardian Consent			
Resume, Cover Letter, References			
Work Agreement Form/ School Division Contract			
Safety Information Checklist			
Time Logs			
Teacher Monitoring Records			
Regional Certification Testing Forms			

Green Certificate Coordinator: _____